



# **Accreditation Guide**

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## **Policies, Procedures & Application**

**The American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.**

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*Please note the application may be filled out electronically at [www.abcop.org](http://www.abcop.org).*

## INTRODUCTION

*The American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc. (ABC) is an independent, non-profit standard setting organization. ABC is governed by a voluntary Board of Directors (Board), which is composed of orthotic, prosthetic and pedorthic (O&P) health care professionals and consumers. The Board is responsible for leadership, governance and oversight of the quality of all services provided by the organization. The Board focuses on the development and maintenance of services that promote excellent outcomes through national O&P health care standards. The Board accepts the ongoing duty to monitor the mission and philosophy of the organization and establish the future direction of ABC in keeping with its mission.*

*In addition to the Board, ABC accreditation policy is administered by a Facility Accreditation Committee (Committee).*

*The policies and procedures contained herein pertain to all organizations applying for and operating as an ABC accredited facility. All applicant organizations must follow these accreditation policies and procedures to achieve ABC accreditation and maintain compliance. Submission of a signed application by an applicant organization constitutes intent to adhere to the policies and procedures in effect on the date that the application is received by ABC.*

*Accreditation is a privilege, not a right. ABC maintains legal authority to award accreditation and may withhold, suspend or revoke accreditation in accordance with the established policies, rules and regulations. All applicant organizations agree to be bound by the ABC Code of Professional Responsibility (Code) and the Rules Regarding the Code of Professional Responsibility (Rules).*

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### History

ABC implemented its facility accreditation program in 1948 guided by the view that accreditation should be founded upon standards that are broad in scope and focus on those aspects of organizational activities that most directly influence the quality of orthotic and prosthetic patient care. The standards support the ABC mission to provide quality healthcare in O&P practices and consequently help increase efficiency and support initiatives to improve patient outcomes.

The program encompasses comments and recommendations from a variety of resources including the federal government, business owners, clinical practitioners, patients, and healthcare payer and referral sources. The standards were field tested through on-site evaluations and written surveys to representative patient care organizations. As the foremost standard for O&P patient care facilities, ABC accreditation is commonly used as a standard of quality care by insurance companies and regulatory bodies, including the Centers for Medicare/Medicaid Services (CMS).

As called for in the 2003 Medicare Modernization Act, CMS has implemented new standards of patient care and fraud protection over the entire orthotic, prosthetic, pedorthic and durable medical equipment market. These new standards require all suppliers to submit to mandatory facility accreditation, and CMS is relying on non-governmental accrediting organizations, such as ABC, to evaluate all locations of patient care against established Medicare Quality Standards.

In November 2006 ABC was awarded 'Deemed Status' from CMS. With this status, organizations accredited by ABC will be in compliance with CMS's mandatory accreditation requirement.

'Deemed Status' from CMS is a validation of ABC's consultative and affordable approach, and serves as the highest public recognition of orthotic and prosthetic accrediting organizations.

**ABC ACCREDITATION LEVELS**

ABC provides organizations with accreditation options based on the patient care services of the organization and affiliates.

**Comprehensive Orthotic & Prosthetic Accreditation:** Designed for organizations providing custom fabricated and fit orthotic and/or prosthetic patient care services. Accreditation standards require these services to be provided by a certified or licensed orthotic or prosthetic practitioner. Comprehensive Orthotic & Prosthetic Accreditation encompasses the scope of services accredited under the Prefabricated Orthotics, Off-the-Shelf Orthotics, Comprehensive Pedorthics and Non-Custom Therapeutic Footwear Accreditation programs.

**Prefabricated Orthotic Accreditation:** Designed for organizations providing prefabricated, custom-fit and off-the-shelf orthotic services. Pedorthic, therapeutic and diabetic footwear services are not covered under the scope of services for this accreditation level. Organizations accredited at this level are permitted to provide items and services covered under the Off-the-Shelf Orthotics Accreditation. In addition to orthotic services, organizations accredited at this level may include those providing physical therapy services and occupational therapy services.

**Off the Shelf Orthotics Accreditation:** Designed for organizations providing only off-the-shelf orthotic devices, as defined by CMS. The scope of services for this level is limited to those orthotic devices requiring only minor adjustments by the patient, and does not include therapeutic and diabetic footwear.

**Post-Mastectomy Patient Care Accreditation:** Designed for organizations providing patient care services regarding the selection, fit and delivery of post-mastectomy prostheses and related garments.

**Ocular Prosthetic Accreditation:** Designed for organizations that provide the fitting, shaping, painting and maintenance of ocular prostheses. As required in these standards, the services provided by these organizations are overseen by healthcare professionals appropriately trained and qualified in the provision of these services.

**Comprehensive Pedorthic Accreditation:** Designed for organizations providing comprehensive pedorthic, therapeutic and diabetic footwear items and services. These services are provided by a certified pedorthist or appropriately licensed professional. The scope of services provided includes the skilled assessment, treatment and education of patients. Comprehensive Pedorthic Accreditation encompasses the scope of services covered under the Non-Custom Therapeutic Footwear Accreditation.

**Non-Custom Therapeutic Footwear Accreditation:** Designed for organizations providing non-custom therapeutic footwear and non-custom diabetic multi-density inserts.

**Durable Medical Equipment & Ancillary Assistive Device Accreditation:** If your practice provides Durable Medical Equipment (DME), such as canes, walkers, crutches, wheelchairs, diabetic supplies, oxygen and related services to Medicare beneficiaries, you need to be accredited for those specific product categories. Please note: These accreditations are not "Stand Alone" accreditations. The organization seeking either of these types of accreditation must be eligible for, seek and obtain accreditation in one of our other primary accreditation offerings. These accreditations are designed for those businesses that provide certain DME products and services to their O&P patients.

If you provide respiratory oxygen services(including BiPAPs or nebulizers), supply any type of rental items, Group 3 or 4 wheelchairs or Group 2 wheelchairs with seating systems or modifications, you need the “DME” program. Please see the payment page for the implications.

All other DME items not referenced above are covered under the “AAD” accreditation, including but not limited to blood glucose monitoring, TENS, Scooters, CPMs, Canes, Walkers, and Neuromuscular Electrical Stimulator devices.

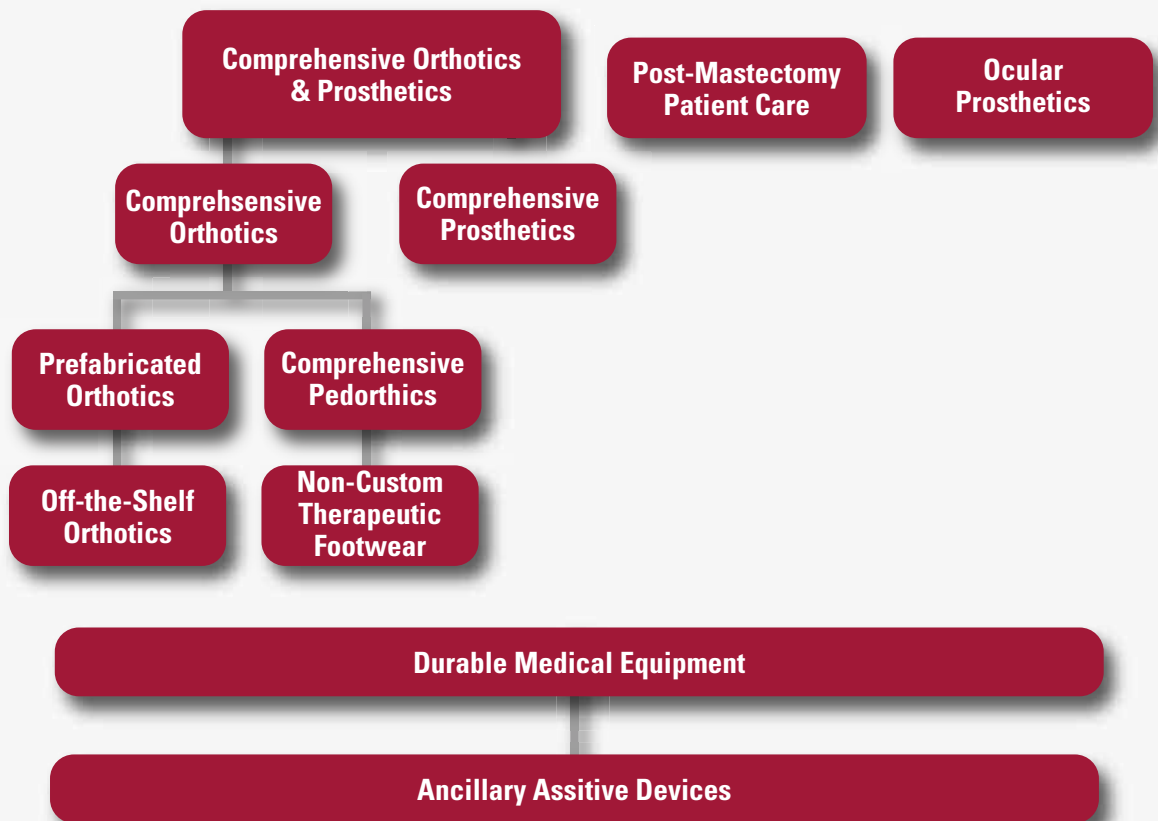
## **UNDERSTANDING THE RELATIONSHIPS AMONG ABC'S ACCREDITATION LEVELS**

ABC accreditation is offered in several main specialties of orthotic and prosthetic patient care. Since the scope of orthotic services covered in ABC's accreditation programs overlap, organizations need only apply for the most comprehensive accreditation specialty.

The Post-Mastectomy Patient Care and Ocular Prosthetic Accreditation programs are not encompassed in any other accreditation program and must be indicated separately in section I of the application and on the application payment page.

ABC's Durable Medical Equipment or Ancillary Assistive Devices accreditation is necessary for all organizations providing durable medical equipment (DME) in addition to O&P services. A listing of all DME categories encompassed in ABC's Ancillary Assistive Device accreditation program is included in section VI of the application and is explained earlier in this section. DME is considered "more comprehensive" than AAD, therefore all AAD services are covered in the DME accreditation.

The chart below is a graphical representation of the relationships between the various levels of ABC's accreditation programs. Formal definitions of the various levels at the beginning of Section II provide further explanation.



## ABC ACCREDITATION STANDARDS

ABC accreditation standards create a baseline for minimal expectations of the physical environment and organizational function of O&P patient care locations. Understanding the accreditation standards is the first step to compliance, as accreditation decisions are based on the degree of conformity with the standards. Standards are grouped into five categories: Organizational (OR), Patient Care (PC), Performance Management (PM), Facility Safety (FS), and Supplier Compliance (SC). Each of the above categories contains multiple standards unique to the specific level of accreditation.

The applicant organization is responsible for obtaining and complying with the appropriate standards prior to submitting an application.

**Organizational Standards (OR):** Those standards relating to the organization's legal status, governance and administrative structure.

**Patient Care Standards (PC):** Those standards designed to support the delivery of high quality patient care and to ensure that patient needs are met.

**Performance Management Standards (PM):** Those standards relating to the applicant organization's policies and procedures to assess and improve the delivery of patient care services.

**Facility Safety (FS):** Those standards relating to the physical locations of patient care.

**Supplier Compliance (SC):** Those standards designed to evaluate the applicant organization's compliance with the requirements of the Centers for Medicare and Medicaid Services (CMS).

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### Understanding the Standards

ABC Facility Accreditation standards are comprised of one or more of the following: the standard, the intent statement, and the corresponding measurement values.

**Standard:** The accreditation standard is a description of the specific criterion related to the provision of services.

**Intent:** The intent statement establishes the framework for a given standard. Not all standards will have a separately stated intent, as some standards may be straight forward and self-explanatory.

The following measurement values are used to evaluate the degree of compliance with the stated standard.

**Compliance:** The compliance statement establishes an objective for measuring full conformity with the intent and provision of the standard.

**Partial Compliance:** The partial compliance statement establishes a measure for evaluating partial conformity with the intent and provision of the standard. Not all standards contain partial compliance statements.

**Non-Compliance:** The non-compliance statement establishes a measure for evaluating the lack of organizational conformity to the intent and provisions of the standard.

## **APPLYING FOR ACCREDITATION**

Prior to applying for accreditation, organizations must read and review the appropriate accreditation standards manual and evaluate organizational compliance with the standards. It is the responsibility of the applicant organization to be in compliance with the standards prior to applying for accreditation.

Applicant organizations may apply for accreditation if all of the following eligibility criteria are met.

- The organization is located within the United States or one of its territories or possessions or is a Department of Defense medical treatment facility or program;
- The organization is a formally organized and legally constituted entity that provides the type(s) of orthotic, prosthetic and/or pedorthic patient care services for which it is applying;
- Is licensed according to applicable state and federal laws and regulations and maintains all current legal authorization to operate;
- Clearly defines the services it provides to patients, insurance companies, referral sources, and regulatory bodies including CMS;
- Must complete and sign an attestation to never falsify or misrepresent accredited status.

Applicant organizations must apply for ABC accreditation in all services it provides. This requirement extends only to those services for which ABC offers accreditation.

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### **General Application Information**

Applications must be complete before they will be processed. Incomplete applications will not be processed until all required documents and/or fees are submitted. Failure to complete the application in its entirety, including required documentation and the Business Associate Agreement, will delay the application process. Applications received without payment will not be reviewed until all required fees are paid. Applications not completed within six months of original filing will be rejected.

Complete applications require the following documentation:

- A copy of the applicant organization's business license
- A copy of sections 2 & 3 of the applicant organization's most recent 855-S form, or a copy of the form they intend to file with CMS
- A copy of all professional staff licenses, including alternative certification documentation for non-ABC certified professionals
- Signed Business Associate Agreement (enclosed with the application)
- Application and survey fees

ABC reserves the right to request applicant organizations to furnish additional information as deemed appropriate by the Facility Accreditation Committee.

The applicant organization will receive written confirmation once the application is determined to be complete by ABC. If the application is determined to be incomplete, the applicant organization will have 90 days from the date of the notification to submit corrections or the application will be rejected.

All information submitted and/or reviewed by ABC is treated as confidential and handled in accordance with HIPAA regulations.

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### **Affiliate Location Definition**

Applicant organizations may apply for accreditation for multiple locations. Affiliate locations are secondary locations of patient care that are under the corporate structure of the applicant organization but maintain a separate National Provider ID (NPI). Affiliate locations must be located within 60 minutes driving time of the primary patient care location.

The advantage of designating secondary sites of care as affiliate locations is that it streamlines the application process and reduces overall accreditation fees.

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### **Falsification:**

Discovery of falsified or misleading information on the application shall lead to any or all of the following actions:

- Rejection of the application
- Barring the applicant organization from reapplication
- Revocation of any existing ABC accreditations from affiliated organizations
- Revocation of any existing ABC credentials from individuals deemed to be responsible for falsification of the accreditation application
- Reference of the incident to the Professional Discipline Committee

## **PRINCIPALS GOVERNING THE ACCREDITATION SURVEY**

Compliance with the ABC accreditation standards is determined through review of the application materials and a consultative onsite survey. The onsite survey is conducted by professionally trained and qualified surveyors. To meet CMS regulations, all surveys are unannounced.

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### **Compliance**

Throughout the survey process, ABC determines whether the organization meets the intent of the accreditation standards. Proof of compliance is based upon, but not limited to, a review of client records, personnel records, policies and procedures, onsite observations of the physical facility, interviews and other activities as necessary.

It is the organization's responsibility to ensure compliance with ABC standards at all times. Upon revision of standards, ABC will establish timeframes for the accredited organization to come into compliance.

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### **Consultative Approach and Education**

While the organization is preparing for its onsite survey, ABC is available to provide assistance in interpretation of standards or other questions that may arise. During the onsite survey, surveyors consult on areas where standards are not fully met and provide best practice suggestions to help the organization achieve optimum performance.

ABC surveyors are trained to be minimally intrusive throughout the survey in order to provide few interruptions to the organization's business operations.

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### **Survey Process**

To meet CMS regulations, all surveys are unscheduled and unannounced. Onsite surveys will be conducted during the organization's regular business hours, as stated on the application. All surveyors will have a photo identification badge. It is the responsibility of the applicant organization to be prepared for the survey at all times, as ABC will not reschedule a survey due to organizational conflicts or the availability of specific staff members.

Surveys are conducted by a single surveyor or a team of surveyors. Surveyors are assigned based on the service(s) provided as indicated on the application; ABC surveyors will be knowledgeable in the specific service(s) provided. However, if the survey process indicates that services are being provided beyond those indicated on the application and ABC has an accreditation program for those services, the surveyor will evaluate the organization based on the range of actual services provided. Applicant organizations will be required to modify their application prior to the continuation of the survey.

ABC reserves the right to send a surveyor apprentice as part of the survey team. Apprentices are sent at no charge to the organization.

All ABC surveyors/apprentices must disclose any potential conflict of interest with the applicant organization to ABC before the surveyor is assigned to conduct the survey. Surveyors/apprentices with a confirmed conflict are not used for the survey being scheduled.

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## Types of Surveys

**Initial Survey:** Organizations applying for ABC accreditation for the first time are subject to an initial survey following ABC's acceptance of the completed application. Applicant organizations must have been in business for six months or more and must be actively caring for patients prior to application submission.

**Re-Survey:** Organizations that receive a deferral accreditation decision (see section VI) may require a re-survey to re-evaluate standards compliance. A deferral decision requires a plan of corrective action and evidence demonstrating compliance with the standard(s) in question. The re-survey will be scheduled only if onsite observations are required to verify results of the plan of correction. Re-surveys require the applicant organization to submit a second survey fee.

**Renewal Survey:** ABC will require a renewal application to be submitted at least one year prior to expiration of the organization's accreditation. The renewal surveys will be conducted in a manner similar to the initial survey; however, during the renewal survey, the surveyor will review previous deficiencies in standard compliance and evaluate corrections. Accredited organizations will receive notification regarding renewal of their accreditation approximately fifteen months prior to their expiration date.

**Quality Control Survey:** ABC reserves the right to randomly visit any ABC accredited organization to ascertain consistency between and among accredited locations. Quality control surveys function as a means for ABC to evaluate consistency in surveyor performance. Additionally, ABC reserves the right to randomly visit any ABC accredited organization to determine ongoing and continuing compliance with standards. These surveys are random and unannounced, and may be initiated in response to consumer or professional complaints. ABC will not charge the organization for these surveys.

**Scope of Service Change Survey:** Organizations adding a patient care service(s) must notify ABC of the addition within 30 days of adding the service and submit a Service Addition Application. Scope of service change surveys follows the same procedures as an initial or renewal survey. (See Section IX)

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## Survey Structure

### Entrance Conference

The surveyor(s) will conduct an entrance conference with representatives of the applicant organization. At the entrance conference, the lead surveyor will briefly introduce himself/herself, along with other members of the survey team (if applicable), discuss the survey objectives and schedule, and answer questions regarding the survey. The surveyor will ask for the general layout of the organization and other operationally significant information.

### Information Gathering

The survey focuses on but is not limited to personnel files, patient records, financial management, service contracts, risk management, quality improvement activities, policies and procedures, onsite observations, operational and service delivery outcomes, and staff and patient interviews to determine compliance with the accreditation standards.

The applicant organization authorizes ABC and/or its designated agents to access all records (including patient, personnel, financial management, risk management, utilization review, quality assurance and quality improvement) that are necessary to ascertain the degree of compliance with ABC standards. ABC complies with all HIPAA, privacy and security regulations.

### **Exit Conference**

During the exit conference, the surveyor(s) will discuss general survey findings. While organization personnel are given the opportunity throughout the survey to provide information that does not appear readily available to the surveyor, the exit conference provides representatives of the organization a final opportunity to clarify information or present data that may not have been available to the surveyor during the survey. All significant recommendations and deficiencies will be discussed with organizational personnel; however, the surveyor will not indicate an organization's performance and is unable to comment on whether or not the organization will achieve accreditation. A final report will be sent to the organization.

The surveyor does not render judgment as to whether the organization will be granted accreditation. Her/his role is to review information presented and to clarify, observe, and verify data that supports compliance with applicable standards. Any questions regarding accreditation status should be directed to the ABC headquarters staff.

## **SECTION VI:**

## **ACCREDITATION DECISION**

### **Scoring**

The lead surveyor ensures that all data collection tools and documentation are complete. This documentation is then forwarded to ABC for scoring. All accreditation scores resulting in deferral or denial of accreditation are automatically reviewed by the Facility Accreditation Committee prior to notification of the accreditation decision.

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### **Summary of Findings**

Accreditation staff reviews surveyor documentation and prepares the organization's final written report in the Summary of Findings. The Summary of Findings indicates a finding of Compliance, Partial Compliance (if applicable) or Non-Compliance for each standard surveyed. Standards with findings of Partial Compliance or Non-Compliance include comments to assist the organization in taking corrective action to meet the standard. A plan of corrective action is required for all Medicare standards that are not fully met.

Organizations will receive the Summary of Findings within six weeks of the survey.

The Summary of Findings will include the overall accreditation score and resulting decision, which will be classified as one of the following:

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## **Approval of Accreditation**

ABC facility accreditation is awarded to an organization when the overall score and each section score are within a psychometrically validated passing score that is set for each specific accreditation award. However, those applicant organizations that achieve a passing score but receive a Partially Compliant or Non-Compliant score on a CMS mandated standard will be required to submit a plan of corrective action prior to being awarded ABC accreditation.

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## **Deferral of Accreditation**

A decision on accreditation may be deferred when any individual section score falls below the passing score for one or more sections. The organization is advised of the deferral decision in writing and accreditation will be deferred pending submission of a plan of corrective action within 30 days and corrective documentation within 90 days of the organization's receipt of ABC's notification, unless otherwise specified. Once all documentation has been received and reviewed, ABC will determine whether an additional onsite survey is necessary.

Re-surveys require payment of the re-survey fee. After the re-survey takes place, if the organization is found to be in compliance with all conditions of accreditation and has a passing score in accordance with approval criteria, full accreditation will be awarded.

If a re-survey is not required based on the review of the Plan of Corrective Action, ABC will determine when and if deficiencies are cleared and make a final decision regarding accreditation status.

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## **Denial of Accreditation**

If the total overall score is below the passing score, accreditation will be denied. The organization will be advised in writing.

When accreditation is denied, the applicant organization may reapply for accreditation in accordance with the instructions in the Summary of Findings. At the time of re-application, a new application must be submitted with the appropriate application and survey fees. Re-applications must contain a Plan of Corrective action detailing those corrective actions taken as a result of the previous survey findings.

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## **Accreditation Documentation**

All locations for which accreditation has been granted are listed in a letter of accreditation which is sent with the Certificate(s) of Accreditation. Certificates of Accreditation are provided for each organizational location listed in the application and included in the survey process.

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## Accreditation Effective Dates

Effective accreditation dates for new and renewal organizations are determined as follows:

### New Organization:

1. First day following the survey, if the organization passes survey on the first review.
2. First day after approval of the Plan of Corrective Action, as long as the deferral documents satisfy the corrective document review process.
3. First day after the re- survey, if the deferral is cleared upon review.

### Renewal Organization:

1. First day following current accreditation expiration date if the organization passes survey prior to that date.
2. First day after receipt of the Plan of Corrective Action, as long as the deferral documents satisfy the corrective document review process or the first day following current accreditation expiration date, whichever is later.
3. First day after the focus survey, if the deferral is cleared upon review or the first day following current accreditation expiration date, whichever is later.

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## Accreditation Decision Review

All accreditation survey results that indicate a denial of accreditation for the applicant organization are automatically reviewed by the Facility Accreditation Committee. The Committee has the responsibility and authority to request additional information from the applicant organization or surveyor, and retains the right to request an additional survey. The Committee can use any or all of the aforementioned processes to reach the accreditation decision. After completion of the Committee review and notification of an adverse accreditation decision, the applicant organization may formally appeal the decision as provided in the Appeals Process.

## SECTION VII:

## APPEALS PROCESS

The applicant organization shall have fifteen (15) days from the receipt of an adverse accreditation decision to appeal the Committee's findings. The applicant organization must appeal the decision, in writing, within fifteen (15) days of receipt of the Summary of Findings. The appeal must be mailed by certified mail, return receipt requested or by verifiable overnight express mail service to ABC's office. The applicant organization's appeal must be accompanied by necessary evidence or other pertinent documentation supporting the basis of the appeal. If the applicant organization accepts the accreditation decision by not appealing the Committee's decision within the fifteen (15) day time period, the Committee's accreditation decision shall be deemed final.

Applicant organizations submitting an appeal shall receive notification of the Committee’s decision within forty-five (45) days of receipt. Should the applicant organization not be satisfied with the decision rendered, the applicant organization may submit a second appeal to the Board of Directors by submitting another written request within fifteen (15) days of receipt of the Committee’s decision. Applicant organizations will be notified of the Board’s decision within forty-five (45) days of receipt of the request. The decision of the Board is final.

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## **Notifications**

ABC will notify CMS of all accreditation decisions once they are final. Additionally, ABC may notify other payors or interested parties of the status of a particular organization’s accreditation and issue public statements concerning the accreditation of applicant organizations.

## **SECTION VIII:**

### **ACCREDITATION FEES**

Accreditation fees are set by the ABC Board of Directors and reviewed annually. Application, survey and service fees are required with submission of all applications. All accreditation fees are non-refundable.

Each applicant organization is responsible for the primary application fee and affiliate application fees, if applicable. In addition, applicant organizations are responsible for a survey fee for each location. Service fees are required for any accreditation level applied for after the main accreditation level. Service fees may vary between the primary location and affiliate locations, depending on the services offered at each location. (See Section II for accreditation level definitions)

ABC reserves the right to review and/or adjust accreditation fees based on new or validated information obtained during the survey process which may affect the type of survey, the type of accreditation awarded, and/or the number of survey days required. Final determination of accreditation is contingent upon receipt of all fees.

Annual renewal fees are required for all accredited organizations and current accreditation status is contingent on the timely receipt of such fees. Upon accreditation, newly accredited organizations will initially receive an invoice for that year’s accreditation fees at a prorated amount. Subsequent annual renewal notices will be sent automatically to the address on record.

The accreditation fee structure is reviewed periodically. ABC reserves the right to adjust accreditation fees and establish the effective date of change.

## **SECTION IX:**

### **CONTINUED COMPLIANCE**

Accreditation is contingent upon continued compliance with the standards and ABC policies and procedures, in addition to submission of annual fees. Failure to comply with any of these requirements may result in the revocation of the organization’s accreditation.

Accreditation is typically awarded for a three year period. Renewal of accredited status is the responsibility of the organization. Approximately fifteen months prior to the organization’s expiration of accreditation, ABC will notify the organization in writing of their impending expiration. Organizations in good standing will receive a renewal application. It is the responsibility of the accredited organizations to ensure timely renewal by returning the renewal application

in a prompt manner. If renewal applications are not submitted by the deadline specified in the renewal letter, sufficient time may not exist to properly review the materials prior to the organization's expiration date. In this event, ABC will automatically withdraw accreditation at the expiration of the current accreditation period. CMS will be notified if an organization loses its accreditation status.

After the organization is officially granted accreditation, ABC reserves the right to conduct an Interim Survey to determine continuing compliance with standards. If the Interim Survey reveals noncompliance with standards, a plan of correction and supportive documentation will be required. Based on review of this material, if a full survey is required, the organization is responsible for appropriate fees.

It is the organization's responsibility to ensure compliance with ABC standards at all times during the accreditation period. Upon a revision of standards, ABC will establish timeframes for the organization to come into compliance. Timeframes for compliance are determined in part by mandatory timeframes required by state, federal or CMS regulations.

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## **Changes to the Structure of the Accredited Organization**

### **Post Accreditation Changes**

Accreditation is not transferable when there is a merger or change in ownership. ABC requires the organization to provide written notification thirty (30) days prior to an affiliate office addition or deletion, service addition or deletion, or change in the name, location, ownership, management or control of the organization. ABC requires a processing fee for these changes. Upon notification, ABC will inform the organization of any additional documentation to be submitted to ABC.

Upon receipt of the appropriate documentation and fees, ABC will determine whether the organization's accreditation status is still applicable. Significant changes may result in ABC conducting onsite survey(s), with applicable survey fees. If an updated accreditation certificate is required, a processing fee will be charged prior to issuance of a new certificate.

Failure of the organization to notify ABC of post-accreditation changes may result in assessment of penalties up to and including revocation of accreditation.

### **Merger/Ownership/Organizational Changes**

In the event of a merger, change in ownership, move to new location or change in the organizational name, the accredited organization must submit a notification letter to ABC including the following:

1. Effective date of the change
2. Former location as well as new location and full contact information, if applicable
3. Former name, as well as new legal name, if applicable
4. Any change of services, if applicable
5. The original certificate of accreditation
6. A copy of the new Articles of Incorporation, if applicable
7. A copy of the new business license, if applicable

Upon execution of the state required filings involved in the ownership change/merger, a certified letter of transaction shall be submitted to ABC, postmarked within two weeks of the effective date of filing.

Based on a review of documentation submitted, ABC will make a determination whether an onsite survey, preparation of new Certificate of Accreditation, assessment of fees, and/or other action is required.

Upon written notification of a change in the organization's name, ABC will review copies of the Articles of Incorporation and business license, if applicable. A new Certificate of Accreditation with the new name will be issued once ABC receives the appropriate certificate re-issuance fee.

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### **Affiliate Office Addition**

ABC defines an affiliate as serving patients under the corporate umbrella of the primary organization but having a separate National Provider Identification. An affiliate location that is not open at the time of application will be considered an affiliate addition and will be processed after the accreditation decision has been rendered. An affiliate office that opens after accreditation is granted will not advertise or otherwise consider itself an accredited entity until successfully completing an affiliate addition survey and being notified of its accredited status by ABC. Further, the affiliate must disclose the fact that it is not accredited by ABC in its patient waiting area.

If an organization adds an affiliate after its corporate accreditation takes place, ABC requires the organization to provide written notification thirty (30) days prior to the opening/acquisition/merger which resulted in the new location. This letter should include the service(s) to be offered at each affiliate.

Upon receipt of the organization's written notification, ABC will send the organization an Affiliate Addition Application.

Unless other timeframes are specified by ABC, the completed application must be returned within 30 days of receipt of the application. ABC reserves the right to conduct an onsite survey of any affiliate addition. If it is determined an onsite review is necessary, the normal survey scheduling process will apply and additional fees may be assessed.

Upon approval, ABC will mail a letter confirming accreditation of the new location for the duration of the corporate accreditation and include an accreditation certificate.

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### **Scope of Service Addition**

ABC requires the organization to provide written notification thirty (30) days prior to the addition of any services. Upon receipt of written notification, ABC will forward the organization a Service Addition Application, which must be completed and returned to ABC within timeframe specified on the application.

Upon receipt of the completed Service Addition Application and application fee, ABC will determine the need for a Scope of Service Change Survey.

Determination on the need for a Scope of Service Change Survey is left to the discretion of the Facility Accreditation Committee. If the data collected during the onsite survey reflects a passing score for the service(s), a certificate of accreditation for the service is issued for the duration of the current accreditation period.

## Service Discontinuation

An accredited organization must notify ABC in writing of any service that has been discontinued. A new accreditation status will be issued if the service discontinuation results in a change in accreditation level for the organization. If the organization adds the service at a later date, the organization must follow the instructions for adding a service.

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## Personnel Changes

Accredited organizations are responsible for notifying ABC of the status of all certified and licensed personnel within 30 days of any employment changes. In the event that the departure of personnel leaves an organization without a qualified professional, the organization has six months to replace the professional or accreditation status will be revoked.

## SECTION X:

## HANDLING OF COMPLAINTS

ABC will investigate and review complaints from any source where an ABC accredited organization or applicant organization appears to be out of compliance with its accreditation standards. As required by ABC standards, accredited organizations must provide ABC's telephone number to service beneficiaries for purposes of reporting a complaint.

If an alleged complaint involves (1) possible abuse, neglect, or exploitation of a child or a disabled adult, (2) professional misconduct, or (3) non-compliance with state or federal laws, ABC will notify the appropriate regulatory authority.

Accredited organizations will be informed of all allegations and provided with copies of all complaint related materials.

If upon review of information it is determined that immediate jeopardy to the client/patient is present and ongoing, ABC will notify CMS and conduct its investigation within two (2) business days of authorization from CMS. If it is determined the situation does not pose immediate jeopardy, the complaint investigated in accordance with the *Rules and Regulations Regarding the Code of Professional Discipline* (the Rules).

Depending upon the nature of the complaint, one or both of the following actions may be taken:

1. ABC will follow the published Rules, but will also:
  - request the organization's cooperation in resolving the complaint
  - request the organization respond to the complaint within the identified time frame
  - ask the organization if it is aware of the complaint and if it has taken action
2. ABC will review all the information and data collected relative to the complaint, including any information gathered in a Re-Survey. If an investigation reveals the complaint or allegations are substantiated and the patient's health, safety and welfare are in jeopardy, accreditation may be withdrawn or suspended. Organizations may appeal the Committee's decision according the Appeals Process. (see Section VII)

If ABC makes the decision to withdraw accreditation, ABC will notify the appropriate regulatory agencies of its decision.

## **PUBLIC INFORMATION**

### **Logo/Advertising Language**

Accredited organizations must accurately describe the program(s), levels, service(s) and affiliate office(s) currently accredited by ABC and abide by the Guidelines for Use of ABC's Logo when advertising accreditation status to the general public. False or misleading advertising represents noncompliance with accreditation and will result in penalties up to and including withdrawal of accreditation. The Guidelines for Use of ABC's Logo are sent to organizations in their accreditation notification packet. Locations that are not included in the accreditation must state in all forms of advertising and marketing that they are NOT accredited by ABC.

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### **Press Releases**

ABC encourages organizations to publicize their accreditation status and provides a sample press release in the accreditation notification packet.

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### **Public Information Requests**

Upon request, ABC will release the organization's accreditation status to the public. This information is released without written authorization from or notification to the organization. Furthermore, the status of accredited organizations is published online and in the **ABC Registry & Reference Guide**.